Request for Respiratory Protection Surveillance Program

The following employee will need to utilize a respirator during working hours and needs to be evaluated for the Respiratory Protection Surveillance Program. EMPLOYEE NAME EMPLOYEE NUMBER SUPERVISOR **DEPARTMENT/BUILDING** CONTAMINANT(S) PRESENT (specify): LEVEL OF WORK (CIRCLE ONE): Moderate Heavy Strenuous Light **EXTENT OF USAGE (CHECK ONE):** _____1. Regularly (Average of once per week or more) 2. Occasionally (Average of once per month or more) _____ 3. Rarely (Special projects, emergencies, etc.) 4. Other: SPECIAL WORK CONSIDERATIONS (i.e.: high temperatures, hazardous materials, personal protective equipment, etc.): SUPERVISOR SIGNATURE DATE FOR EHS USE ONLY: Type of respirator, filter or cartridge: _____

Weight of respirator: ___< 5 LB ____ >5 LB ____ <20 LB ____ >20 LB